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CONFIRMATION NO. 6726

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|---|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/541,959  | <b>FILING OR 371(c) DATE</b><br>07/08/2005<br><b>RULE</b>   | <b>CLASS</b><br>428                | <b>GROUP ART UNIT</b><br>1782   | <b>ATTORNEY DOCKET NO.</b><br>03/008 K |                                |
| <b>APPLICANTS</b><br>Ulrich Delius, Frankfurt, GERMANY;<br>Michael Schmidt, Oestrich-Winkel, GERMANY;<br>Stefanie Stalberg, Taunusstein-Wehen, GERMANY;   |   |                                    |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/00397 01/20/2004   |   |                                    |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103-02-960.5 01/24/2003   |   |                                    |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>20              | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>38263   |   |                                    |   |  |                                |
| <b>TITLE</b><br>SMOKE PERMEABLE FOOD CASING BASED ON POLYAMIDE AND WATER SOLUBLE POLYMERS   |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1238  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |

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